

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 034 - 503	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name PATRICK D Last Name KELLY P.O. Box - Building and Room Number (if any) TEAMSTERS BUILDING Number and Street 140 S MARKS WAY City ORANGE State ZIP Code + 4 CA 92868 - <input type="text"/>		
4. AFFILIATION OR ORGANIZATION NAME AFL-CIO		6. DESIGNATION NUMBER 952	
5. DESIGNATION (Local, Lodge, etc.) LU		7. UNIT NAME (if any) GENERAL TRUCK DRIVERS OFFICE FOOD	
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>[Signature]</u>	PRESIDENT	77. SIGNED: <u>[Signature]</u>	TREASURER
<u>mm 31, 03</u>	(If other title, see instructions.)	<u>3-28-03</u>	(If other title, see instructions.)
Date	Telephone Number <u>(714) 9786111</u>	Date	Telephone Number <u>714 740 6442</u>

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 9 1 8 4
19. What is the date of your organization's next regular election of officers? MO 1 0 YEAR 2 0 0 4
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 13-65 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 0-605
(c) Transfer Fees	\$.50
(d) Work Permits	\$ 0 per 0 (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒ ☐
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 3 4 - 5 0 3

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	4 6 5 5 9 1	5 0 5 3 6 7
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	4 4 9 4 8 8	4 4 3 4 0 8
	31. Other Assets.....	3	1 0 5 3	5 4 1 1
	32. TOTAL ASSETS.....		9 1 6 1 3 2	9 5 4 1 8 6
LIABILITIES	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	4 1 4 2 1
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	3 2 6 9 3 2	3 0 4 0 0 5
	37. TOTAL LIABILITIES.....		3 2 6 9 3 2	3 4 5 4 2 6
	38. NET ASSETS (Item 32 less Item 37).....		5 8 9 2 0 0	6 0 8 7 6 0

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 3 4 - 5 0 3

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			4 4 6 3 3 8 7	56. To Officers.....	9		3 9 2 7 2 9
40. Per Capita Tax.....			0	57. To Employees.....	10		9 7 9 9 8 3
41. Fees.....			3 2 1 4 5 6	58. Per Capita Tax.....			1 0 0 4 4 0 5
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			7 3 9 2 3
43. Assessments.....			0	60. Office & Administrative Expense....	13		4 1 5 9 1 9
44. Work Permits.....			0	61. Educational & Publicity Expense...			1 4 9 6 8
45. Sale of Supplies.....			7 4 2 8	62. Professional Fees.....			3 7 3 3 1 4
46. Interest.....			1 1 3 9 7	63. Benefits.....	11		7 1 6 2 6 1
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		2 4 6 6 1
48. Rents.....			1 2 9 2 1 7	65. Supplies for Resale.....			2 1 8 2 9
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			1 4 6 8 1 3
50. Loans Obtained.....	8		5 6 2 9 4	67. Withholding Taxes.....			5 0 2 9 0 9
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		6 9 8 9 8
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf....			1 0 2 8 1	70. Repayment of Loans Obtained.....	8		1 4 8 7 3
54. Other Receipts.....	14		5 7 3 5 7	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			1 0 1 0 9
				73. Other Disbursements.....	15		2 5 4 4 4 7
55. TOTAL RECEIPTS.....			5 0 5 6 8 1 7	74. TOTAL DISBURSEMENTS			5 0 1 7 0 4 1

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0

The totals from Line 6 are entered in

Item 27

Item 69

Item 51

Item 75

Item 27

Column (A)

with Explanation

Column (B)

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 3 4 - 5 0 3

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in Item 29, Column (B)	

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOSITS	5 4 1 1
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5 4 1 1
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. EMPLOYEE VACATION/BENEFIT TIME	2 9 3 4 0 0
2. SECURITY DEPOSITS	1 0 6 0 5
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 0 4 0 0 5
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 3 4 - 5 0 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 140 S MARKS WAY ORANGE CA	1 0 7 2 4		1 0 7 2 4	
2. Totals from additional pages (if any)	9 7 1 1 7		9 7 1 1 7	
3. Buildings (give location): 140 S MARKS WAY ORANGE CA	3 1 2 4 3 2	2 2 9 2 6 5	8 3 1 6 7	1 4 0 0 0 0 0
4. Totals from additional pages (if any)	5 6 3 9 4 4	4 5 3 5 4 3	1 1 0 4 0 1	5 9 0 0 0 0
5. Automobiles and Other Vehicles	3 6 0 0 5 2	2 4 5 5 5 7	1 1 4 4 9 5	0
6. Office Furniture and Equipment	1 4 0 6 5 2	1 1 3 1 4 8	2 7 5 0 4	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 4 8 4 9 2 1	1 0 4 1 5 1 3	4 4 3 4 0 8	1 9 9 0 0 0 0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 4 - 5 0 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. AUTOMOBILES	56294	68611	56294
2. OFFICE EQUIPMENT & FURNITURE	13604	13604	13604
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	69898	82215	69898
	7. Less Reinvestments		0
	8. Net Purchases		69898
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. BANK	0	56294	14873	0	41421
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	56294	14873	0	41421
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
			Column (C)	with Explanation	Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 034 - 503

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1. HANN R PRESIDENT/BA	C		1 1 6 7 7 8 ★	0	2 0 6 3 6 ★ ★ ★ ★ ★	0	1 3 7 4 1 4
2. METCALFE D REC SEC/BA	C		6 7 3 7 0 ★	0	8 5 4 0 ★ ★ ★ ★ ★ ★	0	7 5 9 1 0
3. KELLY P SEC TR	C		1 3 0 3 5 6 ★	0	2 2 8 8 1 ★ ★ ★ ★ ★ <i>Auto Lease Included above</i>	0	1 5 3 2 3 7
4. GARCIA S TRUSTEE	N		6 5 1 5	0	1 0 8 3 ★ ★ ★	0	7 5 9 8
5. BREWSTER D VICE-PRES/BA	C		7 9 4 8 1 ★	0	1 1 3 1 1 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★	0	9 0 7 9 2
6. EVENS M TRUSTEE	C		6 5 1 5	0	2 2 8 ★ ★ ★	0	6 7 4 3
7. DAVIS J TRUSTEE/BA	P		7 8 1 1 7	0	7 5 8 7 ★ ★ ★ ★ ★	0	8 5 7 0 4
8. Totals from additional pages (if any)			6 5 1 5	0	5 2 4	0	7 0 3 9
9. Totals of Lines 1 through 8			4 9 1 6 4 7	0	7 2 7 9 0	0	5 6 4 4 3 7
					10. Less Deductions	1 7 1 7 0 8	
The total from Line 11 is entered in Item 56					11. Net Disbursements	3 9 2 7 2 9	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 034 - 503

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(If applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. MC HUGH BA	M		100823 ★	0	13769 ★ ★ ★	0	114592
2. OSTRANDER BA	B		70996 ★	0	6376 ★ ★ ★	0	77372
3. SEVILLA BA	F		80361	0	18728 ★ ★ ★	0	99089
4. DORNBACH BA	J		82810 ★	0	8480 ★ ★ ★	0	91290
5. HERRERA BA	R		63240 ★ C	0	6978	0	70218
6. Totals from additional pages (if any)			789189	4210	50050	0	843449
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			89591	0	30	0	89621
8. Totals of Lines 1 through 7			1277010	4210	104411	0	1385631
					9. Less Deductions		405648
The total from Line 10 is entered in Item 57					10. Net Disbursements		979983

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 3 4 - 5 0 3

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	PENSION TRUST/RETIREMENT	4 0 6 9 1 1
2. HEALTH & WELFARE	TRUST FUNDS	2 5 6 8 8 9
3. GROUP LIFE & ACCIDENTIAL DEATH	INSURANCE CO/TRUST FUND	4 7 2 7 2
4. PREPAID LEGAL	TRUST FUND	5 1 8 9
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		7 1 6 2 6 1
The total from Line 6 is entered in lte		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LOCAL CHARITIES	7 0 0
2. LABOR ORGANIZATIONS	2 1 7 8 1
3. EDUCATIONAL	1 0 0 0
4. JC 42 CHARITY EVENT	1 1 8 0
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 4 6 6 1
The total from Line 8 is entered in Item 6	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SUPPLIES/PRINTING/POSTAGE	8 4 9 3 4
2. UTILITIES/TELEPHONE	1 0 9 7 5 3
3. MAINTENANCE/INSURANCE	9 7 5 9 4
4. RENTALS/CHARGES/FEES	1 7 0 2 9
5. OUT OF TOWN TRAVEL/IBT CONV	5 8 2 9 1
6. ORGANIZING/STRIKE/NEGOTIATING	3 3 2 3 7
7. Total from additional pages (if any)	1 5 0 8 1
8. Total of Lines 1 through 7	4 1 5 9 1 9
The total from Line 8 is entered in Item 6	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. REIMBURSEMENT BY OFFICERS AND	0
2. BUSINESS AGENTS FOR PERSONAL	0
3. USE OF AUTOMOBILES	1 9 6 3 6
4. EMPLOYEE CONTRIBUTIONS TO	0
5. DEFERRED COMPENSATION PLAN	1 8 0 0 0
6. REIMBURSEMENTS-TRAVEL/MEMBER	0
7. EMPLOYEES/INSURANCE/OTHERS	1 9 7 2 1
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	5 7 3 5 7
The total from Line 17 is entered in Item 5	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. OTHER EMPLOYEE WITHHOLDINGS	0
2. INCLUDING DEFERRED COMP	7 4 4 4 7
3. EMPLOYEE DISTRIBUTIONS FROM	0
4. DEFERRED COMP PLAN	1 8 0 0 0
5. STEWARD DUES	1 0 5 1 2 2
6. OVERPAYMENTS FROM MEMBERS	3 6 6 0 4
7. RENTAL EXPENSES	2 0 2 7 4
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 5 4 4 4 7
The total from Line 17 is entered in Item 7	

ORGANIZATION NAME:
AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 0 3 4 - 5 0 3

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
PINEIRA F TRUSTEE C		6 5 1 5	0	5 2 4 ***	0	7 0 3 9

ORGANIZATION NAME:

AFL-CIO

FILE NUMBER: 034 - 503

ENDING DATE OF PERIOD COVERED:

12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MICUCCI	F		7 4 9 3 6 *	0	1 2 6 0 5 * * * * *	0	8 7 5 4 1
BA/ORGANIZING							
ELIZALDE	R		2 0 6 0 8 C	0	1 3 6 * * *	0	2 0 7 4 4
MAINTENANCE							
CHAVEZ	J		3 3 9 2 2 *	0	0	0	3 3 9 2 2
RECEPTIONIST							
ARCE	G		4 6 6 8 5 *	0	1 4 7 * * *	0	4 6 8 3 2
SECRETARY							
LOPEZ	R		1 0 3 8 6 C	0	3 8 9	0	1 0 7 7 5
PROJECT ORG							

ORGANIZATION NAME: AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 3 4 - 5 0 3**

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(If applicable)</small>						
ARCE	C	5 9 5 8 2 ★	0	6 4 4 ★ ★ ★	0	6 0 2 2 6
OFFICE MANAGER						
MACIAS	L	3 6 3 2 8 ★	0	1 3 6 ★ ★ ★	0	3 6 4 6 4
RECEPTIONIST						
MOSER	P	3 5 9 5 4 ★	0	0	0	3 5 9 5 4
RECEPTIONIST						
MATSUMOTO	C	3 1 5 2 6 ★	0	0	0	3 1 5 2 6
TITAN MANAGER						
KIRKPATRICK	R	5 9 1 9 6 ★ C	4 2 1 0	9 6 6 9 ★ ★ ★ ★ ★	0	7 3 0 7 5
BA						

ORGANIZATION NAME: AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 3 4 - 5 0 3**

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
HENRY E BA	7 1 2 1 4 ★	0	5 9 3 5 ★ ★ ★ ★ ★	0	7 7 1 4 9
MEDRANO E ORGANIZER	8 7 4 0 7 ★	0	1 2 0 9 4 ★ ★ ★ ★ ★ ★ ★ ★ ★	0	9 9 5 0 1
ESTES J ORGANIZER	4 3 4 5 7 C	0	5 6 7 5 ★ ★ ★ ★ ★	0	4 9 1 3 2
HETRICK J BA	2 2 0 7 7 S	0	1 5 4 7 ★ ★	0	2 3 6 2 4
BEMIS P OFFICE STAFF	3 9 5 8 0 ★	0	0	0	3 9 5 8 0

ORGANIZATION NAME:
AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 034 - 503

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
KINDER M BOOKKEEPER	4 3 9 0 0 ★	0	1 3 6 ★ ★ ★	0	4 4 0 3 6
DAVIS J UTILITY/ORGANIZE	6 1 9 1 7 ★ C	0	4 4 0	0	6 2 3 5 7
MARTINEZ A PROJECT ORG	1 0 5 1 4 C	0	4 9 7	0	1 1 0 1 1
	0	0	0	0	0

ORGANIZATION NAME:
AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 034 - 503

SCHEDULE 5 – FIXED ASSETS: LAND *(continued)*

Description of Land <i>(give location)</i> (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
2020 W CHAPMAN ORANGE CA	3 7 0 2 9		3 7 0 2 9	
1936 W CHAPMAN ORANGE CA	1 0 4 3 2		1 0 4 3 2	
164 S MARKS WAY ORANGE CA	3 4 5 0 0		3 4 5 0 0	
VACANT LOT ONTARIO CA	1 5 1 5 6		1 5 1 5 6	

AFL-CIO

12/31/2002

FILE NUMBER: 0 3 4 - 5 0 3

[illegible]

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 0 3 4 - 5 0 3

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
SUBSCRIPTIONS/DUES	8 1 6 7
EXECUTIVE BOARD/OTHER EXPENSES	3 4 8 4
OTHER REIMBURSED EXPENSES	3 4 3 0

ORGANIZATION NAME:

AFL-CIO

FILE NUMBER: 034 - 503

ENDING DATE OF PERIOD COVERED:

12/31/2002

75. ADDITIONAL INFORMATION

Item Number

11

TEAMSTERS LOCAL 952 DEFERRED COMPENSATION PLAN (NON-QUALIFIED) C/O KANSAS CITY LIFE INSURANCE COMPANY, P O BOX 419272, KANSAS CITY, MO. 64141. DEFERRED COMPENSATION BENEFITS FOR EMPLOYEES ON A VOLUNTARY BASIS. PLAN COVERED UNDER INTERNAL REVENUE CODE SECTION 457. NO EMPLOYER CONTRIBUTIONS WERE MADE TO THIS PLAN.

LABOR ALLIANCE MANAGED TRUST FUND C/O DMC INSURANCE ADMINISTRATORS, P O BOX 757, PLEASANTON, CA 94566, DEPT NO. 7828, LOS ANGELES, CA 90084. HEALTH AND WELFARE BENEFITS TO MEMBERS.

TEAMSTERS MANAGED HEALTH CARE TRUST FUND C/O DMC INSURANCE ADMINISTRATORS, P O BOX 757, PLEASANTON, CA 94566. HEALTH AND WELFARE BENEFITS TO MEMBERS.

DAIRY TRUST FUND C/O SOUTHWEST ADMINISTRATORS INC, 1000 S FREMONT AVE A9W, ALHAMBRA, CA 91803. HEALTH AND WELFARE BENEFITS TO MEMBERS.

MEMBERS OF THE TEAMSTERS LOCAL 952 GROUP C/O TEAMSTERS LOCAL 952, 140 S MARKS WAY, ORANGE, CA 92868-2612, PLAN #501 FORMS 5500 FILED UNDER 95-1586304, INSURANCE PROVIDED BY BANKERS LIFE AND CASUALTY COMPANY FOR BENEFIT OF MEMBERSHIP PROVIDING LIFE AND ACCIDENTIAL DEATH BENEFITS.

TEAMSTERS AND FOOD EMPLOYEES SECURITY TRUST FUND
P O BOX 1121
ALHAMBRA, CA 91802
HEALTH & WELFARE BENEFITS TO MEMBERS

PACIFIC COAST BENEFITS TRUST
2323 EASTLAKE AVENUE EAST
SEATTLE, WA 98102
PROVIDES RETIREMENT BENEFITS TO MEMBERS

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 0 3 4 - 5 0 3

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION(continued)

Item Number	
13	TRADED-IN TWO OLDER AUTOMOBILES FOR NEWER ONES. TWO 1995 FORD CROWN VICTORIAS COST \$50,741, BOOK VALUE AT TRADE IN \$12,317, RECEIVED FOR TRADE-INS \$2,450 DUE TO EXCESSIVE MILEAGE AND BETTER TERMS ON NEW AUTOS. OLDER ELECTRONIC EQUIPMENT SCRAPPED DUE TO OBSOLESCENCE, COST \$5,954, BOOK VALUE \$0, NO FUNDS RECEIVED.

ORGANIZATION NAME:

AFL-CIO

FILE NUMBER: 034 - 503

ENDING DATE OF PERIOD COVERED:

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75. ADDITIONAL INFORMATION *(continued)*

Item Number

14

AUDIT BY INDEPENDENT ACCOUNTANT STEPHEN BEHREND'S CPA.

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 0 3 4 - 5 0 3

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	LAND AND STRUCTURES LOCATED AT 140 S MARKS WAY, 2020-2022 W CHAPMAN AVE AND 1936 W CHAPMAN AVE, ORANGE, CA. ESTIMATED FAIR MARKET VALUE OF LAND AND STRUCTURES \$1,990,000. THESE PROPERTIES ARE PLEDGED FOR LINE OF CREDIT.

ORGANIZATION NAME:

AFL-CIO

FILE NUMBER: 034 - 503

ENDING DATE OF PERIOD COVERED:

12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number

24

THREE PENDING LEGAL ACTIONS: (1) ALLEGED AGE DISCRIMINATION BY FORMER EMPLOYEE, (2) ALLEGED BREACH OF FAIR REPRESENTATION BY FORMER MEMBERS AND (3) APPEAL OF JUDGMENT FOR \$802,327 FOR ALLEGED VIOLATION OF COLLECTIVE BARGAINING AGREEMENT.

PATRICK D KELLYAFL-CIOLU 00952034-503DECEMBER 31 2002

75. ADDITIONAL INFORMATION

SCH 9 & 10 (D)	* = TOTALS INCLUDE VACATION AND/OR OTHER BENEFIT PAY FOR THOSE CODED INDIVIDUALS.
SCH 9 & 10 (D)	C = EMPLOYMENT CEASED DURING YEAR
	S = EMPLOYMENT STARTED DURING YEAR
SCH 9 & 10 (F)	** = INCLUDES ALL AUTOMOBILE COSTS ASSOCIATED WITH THOSE INDIVIDUALS. ANY NON-BUSINESS USAGE HAS BEEN REIMBURSED AND INCLUDED IN SCHEDULE 14-OTHER RECEIPTS.
SCH 9 & 10 (F)	*** = INCLUDES OUT OF TOWN TRAVEL WHILE ON LOCAL UNION BUSINESS FOR THOSE INDIVIDUALS.
SCH 9 & 10 (F)	**** = INCLUDES ENTIRE COSTS OF AUTOMOBILE PLUS ANY MAJOR AUTOMOBILE REPAIRS REQUIRED.